U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	Service Servic
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name William A Elfeld	Name [I.U.P.A.T. District Council No. 9 AFL-CIO
	Labor Organization File Number 006-770
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 90 Gates Avenue	Street 45 West 14th Street
City Valley Stream	City New York
State New York ZIP Code + 4 11580	State
5. Position in labor organization. Business Agent	
	or derived income or other economic benefit of
monetary value from an employer whose employees your organiz	7.a. Nature of Interest, Transaction, or Income. Attended holiday party for members.
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Jerome Aluminum Products Corp. Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Jerome Aluminum Products Corp.	7.a. Nature of Interest, Transaction, or Income.
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monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Jerome Aluminum Products Corp. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 29 Clay Street	7.a. Nature of Interest, Transaction, or Income. Attended holiday party for members. 7.b. Amount.
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Jerome Aluminum Products Corp. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 29 Clay Street City Brooklyn State New York ZIP Code +4 11222	7.a. Nature of Interest, Transaction, or Income. Attended holiday party for members. 7.b. Amount.
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Jerome Aluminum Products Corp. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 29 Clay Street City Brooklyn State New York ZIP Code + 4 11222 S 15. Signature and verification. The undersigned declares, under penalty	7.a. Nature of Interest, Transaction, or Income. Attended holiday party for members. 7.b. Amount. \$20 Signature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Jerome Aluminum Products Corp. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 29 Clay Street City Brooklyn State New York ZIP Code +4 11222 S 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp.	7.a. Nature of Interest, Transaction, or Income. Attended holiday party for members. 7.b. Amount. \$20 Signature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing William Elfeld	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Union Labor Life Insurance Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 451 Park Avenue South City New York State New York ZIP Code + 4 10016	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Union Labor Life Insurance Company	Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 451 Park Avenue South	
City New York	11.b. Approximate dollar value of such dealing. \$8,707,288
Some asymptotic power to transfer to make the same about the same about and and the same about an about	12.a. Nature of interest held or income received. Dinner meeting with insurance company
State New York ZIP Code + 4 10016	representative. 12.b. Amount. \$35
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	None.
Name	
Trade Name, if any:	The state of the s
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing William Elfeld	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Master Painters Association of New York City			
Trade Name, if any:	a. Labor Organization		
	b. Trust		
P.O. Box, Bldg., Room No., if any Room 506	European d		
Street 50 East 42nd Street	c. Employer		
City New York			
State New York ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	co.j.co.crety.crete.creteatatemanocretetatemant/Met/d/MMS/4	
Name	Amounts paid to the Employers Associate Painting Industry in New York for the	ation of the	
Trade Name, if any:	2004:		
Hade Name, II ally.	Convention - \$2,500		
P.O. Box, Bldg., Room No., if any	Advertising - \$ 600 Contributions - \$ 200		
Street			
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$3,300	
	12.a. Nature of interest held or income received.		
	Lunch with Association members regard negotiations.	ling contract	
	inegotiacions.		
	12.b. Amount.	\$65	

Name of Person Filing William Elfeld	File Number U-

8. Name and address of Business (inclu	ding trade name, if any).	9. Business deals with:	
Name Magna Care		a. Labor Organization	
Trade Name, if any:	н таруулган түм түртүү торгуу түрүү түрүү түрүү түрүү түрүү таруу туу туу туу туу туу туу туу туу туу		
P.O. Box, Bldg., Room No., if any	eminent vanat en skilde kill som et stammer (m. 1848) vil 1870 (1880) vil 1871 (1881) vil 1871 (1881) vil 1871 I vil 1871 (1871)	b. Trust	
Street 825 East Gate Boulevan	uut vaa vaavat oo	c. Employer	
City Garden City	PRODUCTION OF THE PRODUCTION O		
State New York	ZIP Code + 4 11530		
10. If 9.b. or 9.c. is checked give trust or en	nployer's name.	11.a. Nature of such dealing.	
Name Magna Care		None.	1.16-c
Trade Name, if any:			And the second s
P.O. Box, Bldg., Room No., if any			
Street 825 East Gate Boulevar	d		The second secon
City Garden City	ray punit kansan PERA (MARKE K.		
State New York	ZIP Code + 4 (11530	11.b. Approximate dollar value of such dealing.	\$0
		12.a. Nature of interest held or income received.	esta vivo esta minera esta esta manta a partir partir a manta esta esta esta esta esta esta esta es
		Dinner with insurance company repr	esentatives at
		12.b. Amount.	\$100

Manage of Dance - Tilling		
Name of Person Filing	William	Errera

File No	ımhar	11

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Voyager Asset Management	a. Labor Organization	
Trade Name, if any:	-	
P.O. Box, Bldg., Room No., if any Suite 2000	b. Trust	
Street 2000 L.S.T. NW	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Andrews I transfer i syconoliza (parama, in 250 km s.) al 150 a. 250 a. 250 a. 250 andrews a constitution sensi
Name Voyager Asset Management	Amounts paid to investment manager year 2004.	for the calendar
Trade Name, if any:		with
P.O. Box, Bldg., Room No., if any Suite 2000		
Street 2000 L.S.T. NW		Terretainment of the second se
City Washington		
State District of Columbia ZIP Code + 4 20016	11.b. Approximate dollar value of such dealing.	\$125,529
	12.a. Nature of interest held or income received.	and the second s
	Breakfast buffet at New Orleans co	nvention.

	Total Transition	
	12 h Amount	÷n
	12.b. Amount.	\$20

		 1	
Name of Person Filing William	Elfeld	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Koehler & Issacs, LLP Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any 29th Floor	b. Trust
Street 120 Broadway	c. Employer
City New York	
State New York ZIP Code + 4 10271	J
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Fees paid for legal services for calendar year 2004.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$149,189
	12.a. Nature of interest held or income received.
	Holiday gift.
	12.b. Amount. \$75

Name of Person Filing William			File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	nt-	
Name Master Painters Association of New York City Trade Name, if any: P.O. Box, Bldg., Room No., if any Room 506 Street 120 Broadway City New York State New York ZIP Code + 4 10017	a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	p	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	Amounts paid to the Employers Asso Painting Industry in New York for 2004: Convention - \$2,500 Advertising - \$ 600 Contributions - \$ 200	ciation of the the calendar year	
	12.a. Nature of interest held or income received.		
Annual installation di		ner for association officer.	
	12.b. Amount.	\$50	

Name of Person Filing william	Elfeld		File Number U-	

A Manual and A Manual School and Control and Annual School and Ann	9. Business deals with:		
Name and address of Business (including trade name, if any).			
Name Voyager Asset Management	,		
To all No. 15 and 15 an	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any Suite 2000	b. Trust		
	c. Employer		
Street 2000 L.S.T. NW			
City Washington			
State District of Columbia ZIP Code + 4 20016			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	enterente la la company de la proprieta de la company de l	
Name Voyager Asset Management	Amounts paid to investment manager for the calendaryear 2004.		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	v	
Trade Name, if any:		0.000	
P.O. Box, Bldg., Room No., if any Suite 2000			
		To a Annual Control of the Control o	
Street 2000 L.S.T. NW		Table 1	
City Washington			
State District of Columbia ZIP Code + 4 20016	11.b. Approximate dollar value of such dealing.	\$125,529	
	12.a. Nature of interest held or income received.		
	BBQ lunch with company representattives.		
		oomennoom son	
		A construction of the cons	
		a mayoracan	
		0,000	
	12.b. Amount.	\$50	

Name of Person Filing William Elfeld	File Number U-

8. Name and address of Business (include Name Koehler & Issacs, LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any 29th Street 120 Broadway City New York	Floor	9. Business deals with: a. Labor Organization b. Trust c. Employer	
State New York	Now your Zer's Y Continued and Continued by Professionary Comments	dd - Matura of arrab da "	
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing. Fees paid for legal services for c	отка наменя заменя в такова в такова в наменя в
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$149,189
		12.a. Nature of interest held or income received.	ilian og sittemskip og entjanser i den sem den eksperiodere (t. jeden men klammer i i det for skrefe men fræ f T
		Holiday party.	
		12.b. Amount.	\$40